

	OPERATING PROCEDURE	
	<i>OBSTETRICAL COMPLICATIONS</i>	
	Effective Date: November 1, 1986	Revised: October 1, 2000
	Approved By:	
Approved By Operational Medical Director:		

BLS

1. Perform initial patient assessment and obtain pertinent medical history.
2. Establish and maintain a patent airway, administer OXYGEN, and provide ventilatory assistance as required.
3. Treat specific emergencies as identified below:
 - A. Vaginal Bleeding
 - (1) Control bleeding from external lacerations with direct pressure.
 - (2) If bleeding is postpartum, perform uterine massage and encourage mother to nurse baby, if desired.
 - B. Breech Delivery
 - (1) Guide and control delivery of buttocks and trunk.
 - (2) Maintain airway by placing gloved fingers into vagina and displacing from baby's airway.
 - (3) If the head fails to deliver spontaneously, apply firm pressure to the lower abdomen over the uterus to assist. Do not pull the head out.
 - (4) If the head has not delivered within 3 minutes, transport rapidly to the hospital while maintaining the baby's airway with a gloved hand and maintain warmth to the trunk.
 - (5) Elevate mother's hips or place in knee/chest position
 - C. Limb Presentation
 - (1) Elevate mother's hips or place in knee/chest position.
 - (2) Transport rapidly.

<i>OBSTETRICAL COMPLICATIONS (6.3.10)</i>		
Effective Date: November 1, 1986	Revised: October 1, 2000	Page <u>2</u> of <u>2</u>

D. Prolapsed Cord

- (1) Elevate mother's hips or place in knee/chest position.
- (2) Using a gloved hand, gently push the baby's head away from the umbilical cord to relieve pressure on the cord and hold this position.
- (3) Cover cord with a sterile moistened dressing. Do not push cord back into vagina.
- (4) Transport rapidly to hospital.

E. Uterine Inversion

- (1) Do not attempt to detach placenta or pull on the cord.
- (2) With a gloved hand, attempt once to replace uterus manually. Use firm pressure and begin at the edges closest to the cervix.
- (3) If unable to replace uterus, cover with moist sterile dressing and transport immediately.

F. Pre-eclampsia (suspected by Hypertension (BP \geq 140/90) and fluid retention)

- (1) Keep patient calm and quiet.
- (2) Transport gently (without lights and siren).

G. Eclampsia

- (1) Refer to seizure protocol

4. Treat for shock

5. Position and transport the patient in the left lateral recumbent or in position as otherwise noted. Expedite transport.

ALS ONLY

6. **Attach patient to cardiac monitor and document rhythm strip.**

7. **Establish an IV of 0.9% Sodium Chloride. Initiate fluid resuscitation as necessary to maintain an acceptable blood pressure. Start a second IV as needed and as time allows. Do not delay transport to establish IV access.**

8. **If patient presents with seizure activity, refer to Seizure Protocol.**